

Rapid Community Assessments in Rural Areas: Key Themes

Introduction

Rapid Community Assessments (RCAs) are process to quickly gather information and insight to better understand and address community needs around COVID-19 vaccinations. CDC staff deployed to the field to help state and local health departments assess vaccine confidence in rural communities in the spring and summer of 2021, assessing a total of eight counties.

1. Sumter and Macon Counties, Alabama, March 8–25, 2021
2. Bacon County, Georgia, April 12–16, 2021
3. Doherty County, Georgia, April 11–17, 2021
4. Jasper, Kosciusko, and LaGrange Counties, Indiana, May 24–28, 2021
5. Orange County, New York, July 19–23, 2021

This document is a qualitative analysis of reports written by the field teams upon returning to CDC. The data were analyzed using a generative coding process in QDA Miner Lite by a single coder. This report summarizes the common facilitators and barriers to COVID-19 vaccination identified through these RCAs as well as recommendations for increasing vaccine confidence and demand in rural areas.

Facilitators

The RCAs identified several facilitators for vaccination in rural areas:

- Engaged and supportive community leaders
- Sufficient resources and strong leadership at local health departments
- Specific efforts to increase access, such as mobile units, pop-up events, drop-in locations, and workplace vaccination clinics
- Creative outreach and communication efforts using social media, traditional media, and community events
- Mobilized and engaged healthcare providers

Barriers

The RCAs identified several key barriers to vaccination across rural communities:

- **Misinformation** and **concerns about safety and efficacy** are common. Concerns about fertility are widespread and even more pronounced in communities with strong family values.
- Communication materials and messaging are not always **culturally competent** for a variety of reasons. They might be poorly translated or take far too long to get translated, are not at the appropriate literacy level, do not reflect rural life and value systems, or reflect implicit biases, unconscious attitudes, and stereotypes.
- **Mistrust** in the government and healthcare systems is widespread. Among Black or African American communities, mistrust is rooted in longstanding inequities and injustice. Within

Hispanic/Latinx communities, mistrust is often tied to a fear of deportation. Specific incidents with healthcare or government entities can become widely known and further challenge trust.

- Some healthcare providers, who usually would be important **trusted messengers**, are not promoting vaccination or are actively recommending against it. Other trusted messengers, like first responders and faith leaders, are often vaccine hesitant themselves. In some cases, the pool of trusted messengers is not diverse enough, and potential messengers in ethnic/minority communities do not feel confident taking on the role because there haven't been any coordinated training efforts.
- The perceived **disconnect between urban and rural life** seems to underlie a common belief that COVID-19 is a "city problem" and contributes to a low perception of risk. It also fuels negative attitudes and distrust toward government-issued guidance. The perception is that the push for vaccination is an infringement on personal freedom by "outsiders."
- **Low risk perception** was most common among RCA participants who were young, healthy, or had already been exposed to COVID-19, including healthcare providers and first responders.
- Common **access issues** include transportation to and from vaccination locations; complicated online scheduling, which is especially difficult for older adults and people without broadband internet access; and limited clinic hours, such as only being open weekdays.

Recommendations

- **Develop new partnerships with non-traditional community leaders and groups.**
 - Shift from mass vaccination sites to small and mobile vaccination sites – bring the vaccines to the people, not the people to the vaccines.
 - Bundle vaccination with other events and activities. Vaccine administration does not have to be advertised as the main event.
 - Develop new trusted messengers, based on the demographics of the population in need of outreach. Consider whose opinion they trust and value and where they go for information. Offer these messengers training to improve communication about vaccines and foster trust.
 - Encourage employers to offer paid time off for vaccination and recovering from side effects.
- **Improve cultural competency of outreach, educational materials, and messaging.**
 - Proactively engage with communities before any new outreach or communication efforts. Consider developing community advisory boards with diverse membership or a coalition of community partners. Early inclusion of community partners provides insight into the needs and concerns of specific communities and areas, builds trust, encourages higher turnout for events, and lowers the potential for culturally insensitive messaging.
 - Ensure educational materials accurately reflect rural life and feature diverse photos and testimonials that will resonate with rural populations. Materials should be available in languages and at literacy levels that reach a variety of community members.
 - Emphasize the benefits of getting vaccinated and normalize vaccination in materials. Frame vaccination as a personal choice and an opportunity, not something that is being forced on the community.
- **Support conversations about vaccines.**

- Encourage town halls and other public events where community members can have their questions answered by trusted community leaders. Whenever possible, provide opportunities to be vaccinated on site at these events.
 - Support safe spaces to discuss vaccination, such as small group discussions or listening sessions led by empathetic community leaders or healthcare providers who can dispel misinformation and answer questions.
- **Evaluate outreach activities and interventions.**
 - Collect data on social media views, engagement, and comments.
 - Use both qualitative (i.e., experience) and quantitative (i.e., number vaccinated) measures to assess effort.